

# Healthy Incentives<sup>SM</sup>

## Appeal Request Form



**King County**

Benefits, Payroll and  
Retirement Operations

Complete and return this form to Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333. Before submitting this form, you must have first filed an appeal with WebMD at 1-866-584-6813. **For your appeal to be considered, Benefits, Payroll and Retirement Operations must receive this form *no later than September 30, 2010*.**

Employee \_\_\_\_\_ Birth date \_\_\_\_\_

Mailing address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work phone \_\_\_\_\_ Home/cell phone \_\_\_\_\_

Who is the appeal for, and what is that person's relationship to you, the employee (self/spouse/domestic partner)?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Date appeal was submitted to WebMD \_\_\_\_\_

Reason for denial by WebMD (*attach additional information as necessary*)

\_\_\_\_\_  
\_\_\_\_\_

Reason for appeal to Benefits, Payroll and Retirement Operations (*attach additional information as necessary*)

\_\_\_\_\_  
\_\_\_\_\_

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Reason for approval/denial \_\_\_\_\_

Appeal approved/denied by (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Appeal override entered into PeopleSoft by (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

	Date received	Received by	Appeal approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Date effective
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